

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010435

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 120

FILED APR 10 1962

Primary Registration District No. _____

Registrar's No. 38VS 300
Rev. 4/591038020380

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Albany</u>		Length of stay in 1b <u>14 hrs.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gentry County Memorial Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>LEONARD</u> Middle <u>ANTHONY</u> Last <u>MORRIS</u>		4. DATE OF DEATH Month <u>March</u> Day <u>31</u> , Year <u>1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 11 '77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming (retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>agriculture</u>	9. AGE (last birthday) <u>85</u>
11. BIRTHPLACE (City and state or country) <u>Davies Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Peter Morris</u>		13b. MOTHER'S MAIDEN NAME <u>Olivia Shepherd</u>	
14. NAME OF HUSBAND OR WIFE <u>Stella Swope Morris</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT <u>Mrs. Leonard Morris</u> Address <u>Albany, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Viral infection upper Respiratory tract</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>26 hours</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Mitral Stenosis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>3/30/62</u> a.m. <u>10:10</u> p.m. <u>10:10</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>3/30/62</u>		20f. CITY, TOWN, OR LOCATION <u>3/31/62</u>	
21. I attended the deceased from <u>3/30/62</u> to <u>3/31/62</u> and last saw her alive on <u>3/31/62</u>		Death occurred at <u>10:10 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>C. M. Newman M.D.</u>		22b. ADDRESS <u>Albany, Mo.</u>	
22c. DATE SIGNED <u>4/2/62</u>		23. NAME OF CEMETERY OR CREMATORY <u>Jones Chapel</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>April 2, 1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Harrison Co., Missouri</u>		23d. LOCATION (City, town, or county) <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>Brooks-Cochell Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>4-2-62</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bane</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E. Coakley

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.